COMMENT: A HISTORICAL SURVEY OF PSYCHIATRIC PRACTICE IN GHANA (1962)¹

Professor Emmanuel Francis Bani Forster, a Gambian national and a product of Birmingham University in the United Kingdom, was posted to Ghana by the colonial Government to be the first Psychiatrist in South Saharan. Africa. He was the first Chair of Psychiatry for the University of Ghana Medical School.

BACKGROUND OF PSYCHIATRIC PRACTICE

The Lunatic Asylum Ordinance enacted in February 1888 allowed management of psychiatric patients in custodial setting. The appearance of Professor Foster in 1951 in Ghana set the tone for scientific approach to psychiatry and created a, psychiatric hospital soon to be augmented by the appearance of Chlorpromazine (Largactil) on the scene, which revolutionalized psychiatric treatment. Anthropologists like Tooth, Field, Margaret Mead and others who produced sociocultural, ethnographic, descriptive psychiatry dominated psychiatry in the interphase in Ghana.

At the time of the time of publication of Professor Foster's article in 1962, Osagyefo Dr Kwame Nkrumah, the then President of the Republic of Ghana, had planned a purpose built psychiatric hospital at Ankaful near Cape Coast to absorb the patients sent to Atimpoku near Adomi for rehabilitation that had become an eye sore to tourists. He had also planned the construction of Pantang Psychiatric Hospital to serve as a Pan African Mental Health Village a dream that was truncated by coup de tat. Since the publication, two psychiatric hospitals namely, Ankaful and Pantang hospitals have been commissioned in 1965 and 1975^{2,3} respectfully.

THE GROWTH OF PSYCHIATRY IN THE AFRICAN CONTINENT

The attitude towards psychiatry has not changed much since Professor Forster's epoch. Psychiatry has for a long time suffered from attracting personnel. Many of the sponsored students abroad never returned. Presently there are 18 psychiatrists, 19 Psychologists, 31 other medical officers and 1,200 Nurses working in mental health field in Ghana.⁴

Psychiatry in Africa has gained roots with many Universities having chairs for Psychiatry, which is being taught at both undergraduate and postgraduate levels. In 1996, there were 110 Registered Psychiatrists in Nigeria alone.

The emergence of the African Psychiatric Association and its publication, the African Journal of Psychiatry, along with pioneering collaborations between psychiatrists and indigenous healers attests to the prophesy of Professor Forster.

The present Mental Hospital

The mental hospital has metamorphosed into organized institution with administrative structures and support services. The wards have been expanded to 23 wards including a children's ward, male and female geriatric wards male and female acute wards, male and female forensic wards a VIP ward, Pharmacy, kitchen, Laundry and rehabilitation wards. The hospital is supported by Clinical Psychologists from the Medical School and Ghana Health Service. Two Psychiatrists supported by one Psychiatrist from the Medical school, three Residents in Psychiatry, 315 Nurses an Accountant, 3 Pharmacists, a Human Resource manager and many other supporting staff. The overcrowding of 2,000 patients in the hospital continued until 2011 when active programme was instituted to unite the patients with their families thus reducing the population to fewer than 1,000. The increase of population of Ghana from 6million in 1960's to 24 million in 2012 has reflected in the number of admissions to the hospital. There were 1000 admissions in 1960 as against 4,446 in 2012.⁵

Types of mental illness treated

Types of mental illness have not changed much since the publication in 1962, but the nomenclature as dictated by the International Classification of Diseases (ICD10) has, for example, Involutional Melancholia is now regarded as a Depressive illness; Confusional psychosis falls under Delirium; Feeble mindedness is now Mental Retardation. Since the publication, other conditions have emerged due to socio-cultural and lifestyle changes. Substance Abuse, HIV infection 16 and Stress related disorders have taken over Syphilis which is currently uncommon. The ten top cases admitted in 2011 are as follows:- Schizophrenia 18%;Depression 12% Epilepsy 9% Substance Abuse 9% Acute undifferentiated Psychosis 9% Dementia 3%; Mania 6%;; Neurosis 2%; Mental Retardation 4% and others 7%).⁵ Newer and effective psychotropic medication with less side effects have been introduced and included in our essential drug list which also includes treatment guidelines.

Treatment Facilities

After the publication, treatment facilities have been extended to all the 10 Regions and about 60% of Districts. The policy of each Regional hospital having 10 - 20 psychiatric beds is being gradually adhered to covering 4 regions currently.

The training of personnel

Prior to the establishment of the Ghana College of Physicians and Surgeons (GCPS), the West African College of Psychiatrists was training psychiatrists locally but only two psychiatrists were produced for Ghana. With the inception of the GCPS five specialists have been produced and six residents are being prepared. The exposure to psychiatry through the Policy of the Medical and Dental Council, allowing Psychiatry to be included in the housemanship rotations has been of immense help. The training in Ghana helps to address the issues on Trans-cultural Psychiatry as residents are exposed to the local culture while the International concepts and practices are retained.

THE FUTURE

The optimistic view held by Professor Forster of the Future of Psychiatry in Ghana is still valid and supported by the provision of a new and modern mental health Act which is going to change the practice of psychiatry in Ghana. It is also going to attract personnel into the field. The paradigm shift from institutional

to community care to reduce stigma, improve on heath promotion and involve families and non-mental health workers in mental health delivery is in the right direction. The integration of traditional and faith-based healing and addressing Human Rights Concerns in mental health service delivery will be a major change.

J.B Asare, MD, FRCPSYCH, FWACP, FGCP Former Chief Psychiatrist, Ghana Health Service Adjunct Associate Professor of Psychiatry University for Development Studies Tamale, Ghana

REFERENCES

- 1. Foster E. B A historical survey of psychiatric practice n Ghana *Ghana Med J* 1962;1(1):25-29
- Ewusi-Mensah Post Colonial Psychiatric care in Ghana. Psychiatric Bulletin 2001;25⊗6):228-229
- 3. Asare J.B Mental Health Profile of Ghana *Int Psychiat* 2010; 7 (3): 67-69
- 4. Report WHO –AIMS Ghana 2012 (in Print)
- Annual Report 2011 Accra Psychiatric Hospital, Accra, Ghana
- Asare J.B and Koranteng P. Mental Disorders and HIV infection - The Accra Psychiatric Hospital Experience *Ghana Med J* 1996;30: 704-708